

SUPERIOR COURT FOR THE DISTRICT OF COLUMBIA
Civil Division

DISTRICT OF COLUMBIA,
Department of Insurance, Securities
and Banking,

Petitioner,

v.

D.C. CHARTERED HEALTH PLAN, INC.,

Respondent.

Civil Action No. 2012 CA 008227 2
Judge Melvin R. Wright
Calendar 15
Next Event: Status Hearing
July 15, 2014 at 9:30 a.m.

PETITION FOR APPROVAL OF PAYMENT FOR
THIRD SET OF PROVIDER CLAIM APPEALS

D.C. Chartered Health Plan, Inc., acting through its Rehabilitator, Special Deputy to the Rehabilitator and their attorneys (“Chartered”), respectfully petitions this Court to enter the requested Order approving payment of \$1,682.44, to ensure equitable treatment of all provider claims, as described further below.

By order dated August 22, 2013, the Court approved the Settlement Agreement Between Chartered and the District of Columbia (the “Settlement”). In accord with that agreement, the Special Deputy calculated that each provider should be paid 83.87% of its total claim, which percentage reflects each provider’s *pro rata* share of the \$48 million settlement based on the \$57.22 million in total claims owed as of September 9, 2013 (the “*Pro Rata* Calculation Date”). See Special Deputy to the Rehabilitator’s Seventh Status Report, at 5 (Sept. 23, 2013). The Special Deputy subsequently processed and approved \$1,111,024 in claims and claim appeals and received the Court’s approval to pay 83.87% of those claims from estate assets in December 2013. The Special Deputy processed an additional \$158,270.90 in claim appeals in the first quarter of 2014, for which the Court approved an 83.87% *pro rata* payment in April 2014.

Recently, the Special Deputy completed the review of claim appeals involving Beacon and its providers, and approved them in the amount of \$1,738.00. In addition, the Special Deputy determined that a higher reimbursement rate applied for services performed in New York for a member in school there, and thus approved the appeal for \$268.17. All of the claims appealed were submitted prior to the August 31, 2013 claim bar date, denied in whole or in part by the Rehabilitator, appealed by the provider and then approved in whole or in part by the Rehabilitator after the *Pro Rata* Calculation Date. These claim appeals would have been included in the DHCF settlement distribution but for the time it took for an appeal to be filed and the time for review and processing the appeals. To ensure that all Priority Class 3 claimants are treated equally, the Special Deputy seeks the Court's approval to pay these provider claim appeals the same *pro rata* share paid for other provider claims as part of the Settlement payment program, namely \$1,682.44 (i.e., 83.87% of \$1,738.00 + \$268.17).

WHEREFORE, Chartered petitions this Court to enter the requested Order approving the payment of \$1,682.44 for the 83.87% *pro rata* share of provider claim appeals approved in 2014 after the *Pro Rata* Calculation Date.

Date: May 20, 2014

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CERTIFICATE OF SERVICE

I hereby certify that on this 20th day of May, 2014, a copy of the foregoing *Petition for Approval of Payment for Third Set of Provider Claim Appeals*, and proposed order, was filed and served by email upon:

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**[PROPOSED] ORDER APPROVING PAYMENT FOR
THIRD SET OF PROVIDER APPEALS**

On May 20, 2014, D.C. Chartered Health Plan, Inc., acting through its Rehabilitator, Special Deputy to the Rehabilitator and their attorneys (“Chartered”), filed a *Petition for Approval of Payment for Third Set of Provider Claim Appeals*. The Petition asked the Court to enter an order approving the payment of undisputed provider claim appeals in the same 83.87% *pro rata* ratio as for all other provider claims.

Upon consideration of the Petition and the entire record herein, it is this ____ day of May, 2014,

1. ORDERED: That the payment of \$\$1,682.44 for the 83.87% *pro rata* share of provider claim appeals is approved; and
2. This is entered as a final Order.

Melvin R. Wright
Judge, D.C. Superior Court

Copies to:

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